

SCIMS DATA -- BUSINESS

LEGAL NAME OF BUSINESS: _____

TAX ID OR EMPLOYER ID NUMBER: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP+4: _____

PHONE: _____

FAX: _____

CELL: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS		GENDER OF OWNER(S)	
	Bureau of Indian Affairs		No clear male or female ownership
	Church or Charitable Organization		Predominately female owned
	City Owned		Predominately male owned
	Corporation without Stockholders		Unknown
	Corporation with Stockholders		
	County Owned		
	Estate		Hispanic or Latino
	Federal Owned		Not Hispanic or Latino
	Financial Institution		
	General Entity Members		
	General Partnership		
	Group of Individuals		Asian
	Indian Tribal Venture		Black
	Indians Represented by the BIA		American Indian or Alaska Native
	Joint Venture		Hawaiian or Pacific Island Native
	Limited Liability Company (LLC)		White
	Limited Partnership		
	Public School		
	Small Business		
	State Owned		
	Irrevocable Trust		
	Revocable Trust		